

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90077 045 \*\*\*150.00

**DOCUMENT # P93000005761**

1. Entity Name  
**CHAS FINANCIAL SERVICES & INSURANCE INC.**



Principal Place of Business  
**175 FOUNTAINE BLEAU BLVD  
STE 2J3  
MIAMI FL 33172**

Mailing Address  
**175 FOUNTAINE BLEAU BLVD  
STE 2J3  
MIAMI FL 33172**

2. Principal Place of Business  
**999 PONCE DE LEON BLVD.**

3. Mailing Address  
**999 PONCE DE LEON BLVD.**

Suite, Apt. #, etc.  
**705**

Suite, Apt. #, etc.  
**705**

City & State  
**CORAL GABLES, FL**

City & State  
**CORAL GABLES, FL**

Zip  
**33134**

Country

Zip  
**33134**

Country

4. FEI Number **65-0387274**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**PETERS, LOURDES F  
13386 NW 8 ST  
MIAMI FL 33182**

## 7. Name and Address of New Registered Agent

Name  
**FRANK CARRERAS**  
Street Address (P.O. Box Number is Not Acceptable)  
**999 PONCE DE LEON Blvd S. 705**  
City  
**Coral Gables** FL Zip Code  
**33134**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/01/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
PETERS, LOURDES F  
13386 NW 8ST  
MIAMI FL 33182** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
LOURDES F. PETERS  
999 PONCE DE LEON Blvd S. 705  
Coral Gables, Fla 33134** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MANAGER  
FRANK CARRERAS  
999 PONCE DE LEON Blvd. S. 705  
Coral Gables, Fla 33134** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

**SIGNATURE: \* SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/01/03**  
Date

**(305) 448-8270**  
Daytime Phone #

CR2E034 (10/02)